

FORM NLRB-502 (UC)
(2-18)

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
UC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
03-UC-296081

Date Filed
5/19/2022

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located.

1. PURPOSE OF THIS PETITION: UC - UNIT CLARIFICATION - A labor organization is currently recognized by the Employer, but the Petitioner seeks clarification of the placement of certain employees or job classifications. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer University of Rochester Medical Center, Strong Memorial Hospital		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 601 Elmwood Avenue, Rochester, NY 14642	
3a. Employer Representative - Name and Title John Spuhler, Director of Human Resources		3b. Address (If same as 2b - state same) P.O. Box 636, Rochester, NY 14642	
3c. Tel. No. 585-273-4458	3d. Cell No. 585-694-6390	3e. Fax No. 585-276-1931	3f. E-Mail Address jspuhler@hr.rochester.edu
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Hospital/Medical Center		4b. Principal product or service health care	

5a. Description of Present Unit Included: See ATTACHED Excluded:	5b. No. of Employees in Present Unit: 1800
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6a. Description of Proposed Unit Included: See ATTACHED Excluded:	6b. No. of Employees in Proposed Unit: 1804
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7. City and State where unit is located Rochester, New York	8. Check One: <input checked="" type="checkbox"/> Unit previously certified in Case <u>WE- 1787</u> <input type="checkbox"/> Unit not previously certified
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9. Job classifications of employees as to whom the issue is raised and number of employees in each classification
certified nursing assistants ("CNA") approximately 4

10. Reason Why Petitioner Desires Clarification
SEE ATTACHED

11a. Name of Recognized or Certified Bargaining Agent 1199 SEIU United Healthcare Workers East		11b. Address 259 Monroe Avenue, Suite 220, Rochester, New York, 14607	
11c. Tel. No. 585-244-0830	11d. Cell No. 585-456-3979	11e. Fax No. 585-244-0956	11f. E-Mail Address elizabeth.davila@1199.org
11g. Affiliation, if any SEIU	11h. Date of Recognition or Certification May 31, 1974		11i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) Sep. 11, 2023

12. Organizations or persons other than Petitioner and those named in item 11, who claim to represent any employees affected by the proposed clarifications. (If none, so state)
n/a

12a. Name	12b. Address	12c. Tel. No.	12d. Cell No.
		12e. Fax No.	12f. E-Mail Address

12g. Brief Description of Contract Covering those Employees

13a. Full Name of Petitioner (including local name and number if applicable) 1199 SEIU United Healthcare Workers East	13b. Address (Street and number, city, state, ZIP code) 259 Monroe Avenue, Suite 220, Rochester, New York, 14607
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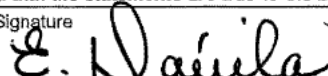
13c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
Service Employees International Union

13d. Tel. No. 585-244-0830	13e. Cell No. 585-456-3979	13f. Fax No. 585-244-0956	13g. E-Mail Address elizabeth.davila@1199.org
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14. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

14a. Name and Title Elizabeth Davila		14b. Address (Street and number, city, state, ZIP code) 259 Monroe Avenue, Suite 220, Rochester, NY 14607	
14c. Tel. No. 585-730-6406	14d. Cell No. 585-456-3979	14e. Fax No. 585-244-0956	14f. E-Mail Address elizabeth.davila@1199.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Elizabeth Davila	Signature 	Title Administrative Organizer	Date 5/16/22
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ATTACHMENT TO UC PETITION

5.A. PRESENT BARGAINING UNIT:

Included: All regular full-time and regular part-time service employees including housekeeping employees employed by the University of Rochester at Strong Memorial Hospital, including: brace maker trainee; environmental service workers; environmental service working leader; cashier cafeteria; caterer-food service; cook I; cook III; cook helper; courier; work leader; dental assistant; dispatcher; driver; equipment assistant II; food service transporter; food service worker; nursing assistant; nutrition assistant; materials processing specialist; material processing specialist working leader; orthotic/prosthetic production assistant; orthotic/prosthetic production specialist; patient care technician; patient diet clerk; patient unit secretary; perioperative support associate; perioperative support associate, working leader; physical therapy aide; porter; processing aide; salad sandwich maker; senior nursing assistant; senior nursing assistant psychiatric; stock keeper A; stock keeper B; stock keeper, working leader; transport assistant; transportation center, working leader; truck driver; unit support assistant; and unit support assistant, working leader.

Excluded: Clerical employees (including unit clerk and receptionist clerks I and II, not in unit management or in the In-patient division assistant category), registered nurses, licensed practical nurses, pharmacist, case workers, case aides, therapists, technicians, telephone operators, secretaries, security employees, maintenance employees, power house employees, gift shop employees, temporary employees, all University of Rochester students on the student payroll, all other students whose employment is related to a course of study requiring work training experience, all part-time employees regularly working a total of 1/5 of the regular full-time workweek or less for the job classification in the department they work, confidential employees, administrators, managerial employees, professional employees and supervisors as defined in the Act, and employees in other certified labor relations board bargaining units.

6.A. PROPOSED BARGAINING UNIT:

Included: All regular full-time and regular part-time service employees including housekeeping employees employed by the University of Rochester at Strong Memorial Hospital, including: brace maker trainee; **certified nursing assistants**; environmental service workers; environmental service working leader; cashier cafeteria; caterer-food service; cook I; cook III; cook helper; courier; work leader; dental assistant; dispatcher; driver; equipment assistant II; food service transporter; food service worker; nursing assistant; nutrition assistant; materials processing specialist; material processing specialist working leader; orthotic/prosthetic production assistant; orthotic/prosthetic production specialist; patient care technician; patient diet clerk; patient unit secretary; perioperative support associate; perioperative support

associate, working leader; physical therapy aide; porter; processing aide; salad sandwich maker; senior nursing assistant; senior nursing assistant psychiatric; stock keeper A; stock keeper B; stock keeper, working leader; transport assistant; transportation center, working leader; truck driver; unit support assistant; and unit support assistant, working leader.

Excluded: Clerical employees (including unit clerk and receptionist clerks I and II, not in unit management or in the In-patient division assistant category), registered nurses, licensed practical nurses, pharmacist, case workers, case aides, therapists, technicians, telephone operators, secretaries, security employees, maintenance employees, power house employees, gift shop employees, temporary employees, all University of Rochester students on the student payroll, all other students whose employment is related to a course of study requiring work training experience, all part-time employees regularly working a total of 1/5 of the regular full-time workweek or less for the job classification in the department they work, confidential employees, administrators, managerial employees, professional employees and supervisors as defined in the Act, and employees in other certified labor relations board bargaining units.

10. REASON WHY PETITIONER DESIRES CLARIFICATION:

CNA is a new title at the facility and the work being performed by the CNAs is similar, or the same, as that performed by bargaining unit employees, including patient care technicians. CNAs share a community of interest with the bargaining unit employees.



UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

REGION 3
130 S Elmwood Ave Ste 630
Buffalo, NY 14202-2465

Agency Website: www.nlr.gov
Telephone: (716)551-4931
Fax: (716)551-4972



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NLRB
Mobile App

May 19, 2022

John T. Spuhler, Director of Human Resources
University of Rochester Medical Center, Strong Memorial Hospital
PO Box 636
Rochester, NY 14624

Re: University of Rochester Medical Center,
Strong Memorial Hospital
Case 03-UC-296081

Dear Mr. Spuhler:

Enclosed is a copy of a petition that 1199 SEIU United Healthcare Workers East filed with the National Labor Relations Board (NLRB) seeking to determine whether certain employees should be part of the existing collective-bargaining unit. This letter tells you how to contact the Board agent who will be handling this matter, explains your right to be represented, requests that you provide certain information, and discusses some of our procedures including how to submit documents to the NLRB.

Investigator: This petition will be investigated by Field Examiner NEALE K. SUTCLIFF whose telephone number is (314)449-7489. The Board agent will contact you shortly to discuss processing the petition. If you have any questions, please do not hesitate to call the Board agent. If the agent is not available, you may contact Supervisory Field Attorney Gregory Lehmann whose telephone number is (518)419-6254.

Immediately upon receipt of the petition, the NLRB conducts an impartial investigation to determine if the NLRB has jurisdiction and if the petition is timely and properly filed, and the parties' positions with respect to the clarification sought by the petition.

Right to Representation: You have the right to be represented by an attorney or other representative in any proceeding before us. If you choose to be represented, your representative must notify us in writing of this fact as soon as possible by completing Form NLRB-4701, Notice of Appearance. This form is available on our website, www.nlr.gov, or from an NLRB office upon your request.

If you are contacted by someone about representing you in this case, please be assured that no organization or person seeking your business has any "inside knowledge" or favored relationship with the NLRB. Their knowledge regarding this matter was only obtained through access to information that must be made available to any member of the public under the Freedom of Information Act.

Requested Information: To process the petition in this matter, we need certain information from you. Accordingly, please submit to this office, as soon as possible, the following information:

- (a) The correct name of your organization;
- (b) A copy of any existing or recently expired collective-bargaining agreements, and any addenda or extensions, covering any employees in the collective-bargaining unit specified on the petition (the Unit);
- (c) A copy of any certification covering any of the employees in the Unit;
- (d) The name and contact information for any other labor organization (union) claiming to represent any of the employees in the Unit or any other entity who would be affected by the proposed clarification;
- (e) Documents showing the classifications, duties and responsibilities of employees covered by the Unit, including the number of employees in the Unit, the classifications and number of employees sought to be included or excluded, and the job duties and responsibilities of the employees sought to be included or excluded;
- (f) Your position on the proposed clarification of the Unit; and
- (g) A completed commerce questionnaire, (form enclosed) to enable us to determine whether the NLRB has jurisdiction in this matter.

Procedures: Pursuant to Section 102.5 of the Board's Rules and Regulations, parties must submit all documentary evidence, including statements of position, exhibits, sworn statements, and/or other evidence, by electronically submitting (E-Filing) them through the Agency's web site (www.nlr.gov). You must e-file all documents electronically or provide a written statement explaining why electronic submission is not possible or feasible. Failure to comply with Section 102.5 will result in rejection of your submission. The Region will make its determination on the merits solely based on the evidence properly submitted. All evidence submitted electronically should be in the form in which it is normally used and maintained in the course of business (i.e., native format). Where evidence submitted electronically is not in native format, it should be submitted in a manner that retains the essential functionality of the native format (i.e., in a machine-readable and searchable electronic format). If you have questions about the submission of evidence or expect to deliver a large quantity of electronic records, please promptly contact the Board agent investigating the petition.

Information about the NLRB, the procedures we follow in representation cases and our customer service standards is available on our website, www.nlr.gov or from an NLRB office upon your request.

We can provide assistance for persons with limited English proficiency or disability. Please let us know if you or any of your witnesses would like such assistance.

May 19, 2022

Very truly yours,

A handwritten signature in cursive script that reads "Linda M. Leslie". The ink is dark and the signature is fluid.

LINDA M. LESLIE
Regional Director

Enclosures

1. Copy of Petition
2. Commerce Questionnaire
3. Description of Procedures in Unit Clarification Cases (Form NLRB-5548)

QUESTIONNAIRE ON COMMERCE INFORMATION

Please read carefully, answer all applicable items, and return to the NLRB Office. If additional space is required, please add a page and identify item number.

CASE NAME

CASE NUMBER
03-UC-296081**1. EXACT LEGAL TITLE OF ENTITY (As filed with State and/or stated in legal documents forming entity)****2. TYPE OF ENTITY**☐ CORPORATION ☐ LLC ☐ LLP ☐ PARTNERSHIP ☐ SOLE PROPRIETORSHIP ☐ OTHER (Specify)**3. IF A CORPORATION or LLC**A. STATE OF INCORPORATION
OR FORMATION

B. NAME, ADDRESS, AND RELATIONSHIP (e.g. parent, subsidiary) OF ALL RELATED ENTITIES

4. IF AN LLC OR ANY TYPE OF PARTNERSHIP, FULL NAME AND ADDRESS OF ALL MEMBERS OR PARTNERS**5. IF A SOLE PROPRIETORSHIP, FULL NAME AND ADDRESS OF PROPRIETOR****6. BRIEFLY DESCRIBE THE NATURE OF YOUR OPERATIONS (Products handled or manufactured, or nature of services performed).****7A. PRINCIPAL LOCATION:****7B. BRANCH LOCATIONS:****8. NUMBER OF PEOPLE PRESENTLY EMPLOYED**

A. TOTAL:

B. AT THE ADDRESS INVOLVED IN THIS MATTER:

9. DURING THE MOST RECENT (Check the appropriate box): ☐ CALENDAR ☐ 12 MONTHS or ☐ FISCAL YEAR (FY DATES _____)

	YES	NO
A. Did you provide services valued in excess of \$50,000 directly to customers outside your State? If no, indicate actual value. \$ _____		
B. If you answered no to 9A, did you provide services valued in excess of \$50,000 to customers in your State who purchased goods valued in excess of \$50,000 from directly outside your State? If no, indicate the value of any such services you provided. \$ _____		
C. If you answered no to 9A and 9B, did you provide services valued in excess of \$50,000 to public utilities, transit systems, newspapers, health care institutions, broadcasting stations, commercial buildings, educational institutions, or retail concerns? If less than \$50,000, indicate amount. \$ _____		
D. Did you sell goods valued in excess of \$50,000 directly to customers located outside your State? If less than \$50,000, indicate amount. \$ _____		
E. If you answered no to 9D, did you sell goods valued in excess of \$50,000 directly to customers located inside your State who purchased other goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. \$ _____		
F. Did you purchase and receive goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. \$ _____		
G. Did you purchase and receive goods valued in excess of \$50,000 from enterprises who received the goods directly from points outside your State? If less than \$50,000, indicate amount. \$ _____		
H. Gross Revenues from all sales or performance of services (Check the largest amount) <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$250,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000 or more If less than \$100,000, indicate amount.		
I. Did you begin operations within the last 12 months? If yes, specify date: _____		

10. ARE YOU A MEMBER OF AN ASSOCIATION OR OTHER EMPLOYER GROUP THAT ENGAGES IN COLLECTIVE BARGAINING?☐ YES ☐ NO (If yes, name and address of association or group).**11. REPRESENTATIVE BEST QUALIFIED TO GIVE FURTHER INFORMATION ABOUT YOUR OPERATIONS**

NAME	TITLE	E-MAIL ADDRESS	TEL. NUMBER

12. AUTHORIZED REPRESENTATIVE COMPLETING THIS QUESTIONNAIRE

NAME AND TITLE (Type or Print)	SIGNATURE	E-MAIL ADDRESS	DATE

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and/or unfair labor practice proceedings and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary. However, failure to supply the information may cause the NLRB to refuse to process any further a representation or unfair labor practice case, or may cause the NLRB to issue you a subpoena and seek enforcement of the subpoena in federal court.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD

DESCRIPTION OF PROCEDURES IN UNIT CLARIFICATION CASES

Investigation - *After a petition in a unit clarification case is filed with the NLRB, the NLRB assigns the petition a case number and promptly sends letters to the parties notifying them of the Board agent who will be handling the case. In most cases, the Region conducts an administrative investigation that may include taking witness affidavits or issuing a notice to show cause. In some cases, the regional director may determine that a hearing is necessary and will issue a Notice of Hearing.*

Hearing Postponement – A party wishing to request a postponement of a hearing should make the request in writing and set forth in detail the grounds for the request. The request should include the positions of the other parties regarding the postponement. The request should be filed with the regional director. E-Filing the request is preferred, but not required. A copy of the request must be served simultaneously on all the other parties, and that fact must be noted in the request.

Hearing – If a hearing is held, it will be conducted by a hearing officer of the NLRB and will continue day to day until completed absent extraordinary circumstances. The hearing is usually open to the public and all parties will be allowed to state their positions and present evidence on the issues deemed litigable. Any party has the right to appear at the hearing in person, by counsel, or by other representative, to call, examine, and cross-examine witnesses, and to introduce into the record evidence of the significant facts that support the party's contentions. The hearing officer also has the power to call, examine, and cross-examine witnesses and to introduce into the record documentary and other evidence. Witnesses will be examined orally under oath. The rules of evidence prevailing in courts of law or equity will not be controlling. Parties appearing at a hearing who have or whose witnesses have handicaps falling within the provisions of Section 504 of the Rehabilitation Act of 1973, as amended, and 29 C.F.R. 100.503, and who in order to participate in this hearing need appropriate auxiliary aids, as defined in 29 C.F.R. 100.503, should notify the regional director as soon as possible and request the necessary assistance.

An official reporter will make the only official transcript of the proceedings and all citations in briefs or arguments must refer to the official record. (Copies of exhibits should be supplied to the hearing officer and other parties at the time the exhibit is offered in evidence.) All statements made in the hearing room will be recorded by the official reporter while the hearing is on the record. If a party wishes to make off-the-record remarks, requests to make such remarks should be directed to the hearing officer and not to the official reporter. After the close of the hearing, any request for corrections to the record, either by stipulation or motion, should be forwarded to the regional director.

All motions must be in writing unless stated orally on the record at the hearing and must briefly state the relief sought and the grounds for the motion. A copy of any motion must be served immediately on the other parties to the proceeding. Motions made during the hearing are filed with the hearing officer. All other motions are filed with the regional director, except that motions made after the transfer of the record to the Board are filed with the Board. If not E-Filed, an original and two copies of written motions shall be filed. Statements of reasons in support of motions or objections should be as concise as possible. Objections shall not be deemed waived by further participation in the hearing. On appropriate request, objections may be permitted to stand to an entire line of questioning. Automatic exceptions will be allowed to all adverse rulings.

Upon request, any party is entitled to a reasonable period at the close of the hearing for oral argument, which will be included in the official transcript of the hearing. At any time before the close of the hearing, any party may file a memorandum addressing relevant issues or points of law. Post-hearing briefs may be filed only upon special permission of the regional director and within the time and addressing the subjects permitted by the regional director. If filed, copies of the memorandum or brief shall be served on all other parties to the proceeding and a statement of such service shall be filed with the memorandum or brief. No reply brief may be filed except upon special leave of the regional director. If allowed, briefs should be double-spaced on 8½ by 11 inch paper. Briefs must be filed in accordance with the provisions of Section 102.111(b) of the Board's Rules. E-Filing of briefs through the Board's website, www.nlr.gov, is encouraged, but not required. Facsimile transmission of briefs is NOT permitted.

Right to be Represented – Any party to a case with the NLRB has the right to be represented by an attorney or other representative in any proceeding before the NLRB. A party wishing to have a representative appear on its behalf should have the representative complete a Notice of Appearance (Form NLRB-4701), and E-File it at www.nlr.gov or forward it to the NLRB office handling the petition as soon as possible.



UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

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130 S Elmwood Ave Ste 630
Buffalo, NY 14202-2465

Agency Website: www.nlr.gov
Telephone: (716)551-4931
Fax: (716)551-4972



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May 19, 2022

Elizabeth Davila, Administrative Organizer
1199 SEIU United Healthcare Workers East
259 Monroe Ave., Ste 220
Rochester, NY 14607

Re: University of Rochester Medical Center,
Strong Memorial Hospital
Case 03-UC-296081

Dear Ms. Davila:

The petition that you filed with the National Labor Relations Board (NLRB) seeking to determine whether certain employees should be part of the existing collective-bargaining unit has been given the above number. This letter tells you how to contact the Board agent who will be handling this matter, explains your right to be represented, requests that you provide certain information, and discusses some of our procedures including how to submit documents to the NLRB.

Investigator: This petition will be investigated by Field Examiner NEALE K. SUTCLIFF whose telephone number is (314)449-7489. The Board agent will contact you shortly to discuss processing the petition. If you have any questions, please do not hesitate to call the Board agent. If the agent is not available, you may contact Supervisory Field Attorney Gregory Lehmann whose telephone number is (518)419-6254.

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If you are contacted by someone about representing you in this case, please be assured that no organization or person seeking your business has any "inside knowledge" or favored relationship with the NLRB. Their knowledge regarding this matter was only obtained through access to information that must be made available to any member of the public under the Freedom of Information Act.

Requested Information: To process the petition in this matter, we need certain information from you. Accordingly, please submit to this office, as soon as possible, the following information:

- (a) The correct name of your organization;
- (b) A copy of any existing or recently expired collective-bargaining agreements, and any addenda or extensions, covering any employees in the collective-bargaining unit specified on the petition (the Unit);
- (c) A copy of any certification covering any of the employees in the Unit;
- (d) The name and contact information for any other labor organization (union) claiming to represent any of the employees in the Unit or any other entity who would be affected by the proposed clarification; and
- (e) Documents showing the classifications, duties and responsibilities of employees covered by the Unit, including the number of employees in the Unit, the classifications and number of employees sought to be included or excluded, and the job duties and responsibilities of the employees sought to be included or excluded.

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Information about the NLRB, the procedures we follow in representation cases and our customer service standards is available on our website, www.nlr.gov or from an NLRB office upon your request.

We can provide assistance for persons with limited English proficiency or disability. Please let us know if you or any of your witnesses would like such assistance.

University of Rochester Medical Center,
Strong Memorial Hospital
Case 03-UC-296081

- 3 -

May 19, 2022

Very truly yours,

A handwritten signature in cursive script that reads "Linda M. Leslie". The ink is dark and the signature is centered above the typed name.

LINDA M. LESLIE
Regional Director

Enclosure: Description of Procedures in Unit Clarification Cases (Form NLRB-5548)

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD

DESCRIPTION OF PROCEDURES IN UNIT CLARIFICATION CASES

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Upon request, any party is entitled to a reasonable period at the close of the hearing for oral argument, which will be included in the official transcript of the hearing. At any time before the close of the hearing, any party may file a memorandum addressing relevant issues or points of law. Post-hearing briefs may be filed only upon special permission of the regional director and within the time and addressing the subjects permitted by the regional director. If filed, copies of the memorandum or brief shall be served on all other parties to the proceeding and a statement of such service shall be filed with the memorandum or brief. No reply brief may be filed except upon special leave of the regional director. If allowed, briefs should be double-spaced on 8½ by 11 inch paper. Briefs must be filed in accordance with the provisions of Section 102.111(b) of the Board's Rules. E-Filing of briefs through the Board's website, www.nlrb.gov, is encouraged, but not required. Facsimile transmission of briefs is NOT permitted.

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NATIONAL LABOR RELATIONS BOARD

NOTICE OF APPEARANCE

University of Rochester Medical Center, Strong Memorial Hospital

and

1199 SEIU United Healthcare Workers East

CASE 03-UC-296081

University of Rochester Medical Center,
Strong Memorial Hospital

TO: (Check One Box Only)¹

☒ REGIONAL DIRECTOR

☐ EXECUTIVE SECRETARY
NATIONAL LABOR RELATIONS BOARD
Washington, DC 20570

☐ GENERAL COUNSEL
NATIONAL LABOR RELATIONS BOARD
Washington, DC 20570

THE UNDERSIGNED HEREBY ENTERS APPEARANCE AS REPRESENTATIVE OF _____
University of Rochester Medical Center, Strong Memorial Hospital


IN THE ABOVE-CAPTIONED MATTER.

CHECK THE APPROPRIATE BOX(ES) BELOW:

☒ REPRESENTATIVE IS AN ATTORNEY

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(REPRESENTATIVE INFORMATION)

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CELL PHONE NUMBER: _____ FAX: _____
SIGNATURE: 
(Please sign in ink)
DATE: Monday, May 23, 2022 4:47 PM Eastern Standard Time

¹ IF CASE IS PENDING IN WASHINGTON AND NOTICE OF APPEARANCE IS SENT TO THE GENERAL COUNSEL OR THE EXECUTIVE SECRETARY, A COPY SHOULD BE SENT TO THE REGIONAL DIRECTOR OF THE REGION IN WHICH THE CASE WAS FILED SO THAT THOSE RECORDS WILL REFLECT THE APPEARANCE.



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June 10, 2022

Linda Prestegaard, Esq.
Phillips Lytle LLP
28 East Main Street
Suite 1400
Rochester, NY 14614-1935

Re: University of Rochester Medical Center,
Strong Memorial Hospital
Case 03-UC-296081

Dear Ms. Prestegaard:

This is to advise you that the Petitioner's request to withdraw the petition in the above case has been approved.

Very truly yours,

/s/KATHY DREW KING

KATHY DREW KING
Acting Regional Director

cc: John T. Spuhler, Director of Human
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